

## INITIAL DETERMINATION

### Title IV-E and Medicaid Benefits for Foster Child

#### Child in Custody Information

Name of Child (last, first, middle)	Social Security #	Date of Birth	Client #
Current Placement Address (street, city, state, zip)		County	Telephone #

#### Part A: Joint Eligibility Requirements for Title IV-E and Foster Care Medicaid Benefits

1. **Custody:** Has the child been removed from home and placed in the custody of the State or a tribal organization by a court order, voluntary placement agreement, or voluntary relinquishment?
- \_\_\_ Yes      Go to question A2.
- \_\_\_ No      STOP. Child cannot be eligible for IV-E or FC Medicaid until the State obtains custody of the child and removal from the home has occurred. Go to Part F.
2. **Age:** Is the child under age 18, or age 18 and expected to complete high school or technical training before the age of 19? *NOTE: If age 18, eligibility ends at graduation or when full-time schooling is discontinued for Title IV-E and ends at age 19 for FC Medicaid if NB+ criteria used.*
- \_\_\_ Yes      Go to question A3.
- \_\_\_ No      Child is not eligible for IV-E. For Foster Care Medicaid, child can qualify until age 19 if meeting NB+ criteria. If under age 19, go to Part E. If 19 or over, go to Part F.
3. **Citizenship:** Is the child a U.S. citizen or a qualified alien admitted for permanent residence?
- \_\_\_ Yes      Go to Part B.  
Citizenship Verification \_\_\_\_\_
- \_\_\_ No      STOP. Child is not eligible for IV-E or Medicaid. Go to Part F.

#### Part B: IV-E Initial Eligibility Requirements

1. If the child was removed from home by a court order, did the initial court order or warrant that sanctions (even temporarily) the removal of the child from home contain the required contrary to welfare/best interest language?
- Date of Petition** (eligibility month) \_\_\_\_\_
- \_\_\_ Yes      Date of court order or warrant \_\_\_\_\_ Go to question B4.
- \_\_\_ No      STOP. Child is not eligible for IV-E. Go to Part E.
- \_\_\_ NA      Child placed through voluntary placement. Go to question B2.
- \_\_\_ NA      Child entered care as a result of up-front voluntary relinquishment. Go to question B3.

2. If the child was removed from the home through a Voluntary Placement Agreement, is there a court order within 180 days of the agreement with the required contrary to welfare/best interest language?

**Date of signed Voluntary Placement Agreement** (eligibility month) \_\_\_\_\_

- ☐ Yes Go to question B4.
- ☐ No Child can only be eligible/reimbursable for the first 180 days unless a court order is obtained by the 181<sup>st</sup> day of the signed Agreement with the required legal language. Go to question B4.
- ☐ NA 180 days have not elapsed from date of agreement. Set alert for 180-day review. Go to question B4.

3. If the child entered care as a result of an up-front voluntary relinquishment, is there a court order within six months of entry into care with the required contrary to welfare/best interest language (not merely sanctioning the relinquishment)?

**Date of relinquishment** (eligibility month) \_\_\_\_\_

- ☐ Yes Go to question B4.
- ☐ No Child cannot be eligible unless a court order with the required legal language is obtained within six months of the removal date. Go to Part E.
- ☐ NA Six months have not elapsed from the removal date. Set alert for six-month review. Go to Question B4.

4. If the child entered care by a court order, did the initial court order, or a subsequent court order within 60 days of removal, meet the reasonable efforts requirement? *(This is not required for a child entering care due to voluntary placement agreement or up-front voluntary relinquishment of parental rights.)*

- ☐ Yes Provide Court Order Date \_\_\_\_\_ Go to question B5.
- ☐ No Child cannot be IV-E eligible for this custody episode. Go Part E.
- ☐ NA Child placed by voluntary placement or voluntary relinquishment. Go to question B5.

5. **Removal:** Was the removal requirement met?

- ☐ Yes ☐ Physical removal  
☐ Constructive Removal

Relative child will remain with: \_\_\_\_\_

Parent or other guardian relative child lived with within 6 months of entry into custody: \_\_\_\_\_

Go to question B6.

- ☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

6. **Removal Home:** Was the person from whom the court took custody, who voluntarily placed the child, or who relinquished parental rights a caretaker relative?

☐ Yes Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_

This is the removal home in determining the AFDC group. Go to question B7.

☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

7. **Living With Caretaker Relative:** Did the child live with the caretaker relative listed in #6 above during the eligibility month or within 6 months prior to the eligibility month?

☐ Yes Date last lived with \_\_\_\_\_

Go to question B8.

☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

8. **Deprivation:** Is the child deprived of support of one or both parents due to continued absence from the removal home, incapacitation, or unemployment/underemployment of the principal wage earner?

☐ Yes Provide explanation \_\_\_\_\_ Go to question B9.

☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

9. **Assets:** Complete the Income and Asset Worksheet and answer the following questions.

What are the countable assets of the AFDC group? \$ \_\_\_\_\_

Are the assets of the AFDC group less than \$10,000?

☐ Yes Go to question B10.

☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

10. **Earned and Unearned Income:** Complete the Income and Asset Worksheet and answer the following questions.

What is the total countable monthly earned and unearned income of the AFDC group (including deemed stepparent income)? \$ \_\_\_\_\_

Is the total countable income less than the 185% Need Standard for the AFDC group size?

☐ Yes If yes, is the adjusted income less than the 100% Need Standard for the AFDC group size?

☐ Yes Child meets initial IV-E eligibility requirements. Go to Part C.

☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Part E.

**Part C: IV-E Eligibility Placement Requirements**

1. Is the child a runaway from foster care (and still in State custody)?

☐ Yes Provide runaway date:

\_\_\_\_\_  
Go to question D1.

☐ No Go to question C2.

2. Was the current foster home or any other foster home since entering agency care licensed on or after April 1, 2007?

☐ Yes Has a fingerprint based FBI national criminal history record check been completed for any foster home licensed after April 1, 2007 **AND** If any foster parent or adult in the home has lived outside of Utah in the five years prior to the date of application to become a foster parent, has a child abuse and neglect registry check been completed for each state in which they resided?

☐ Yes Go to C3

☐ No Any foster home for which these requirements have not been met does not meet the eligibility placement requirements. Child is not IV-E Eligible while in this placement. Go to C3

☐ No Go to C3

☐ NA Placement is a residential facility. Go to C3

3. Is the child's current placement or any other placement since entering agency care a non-kin foster home, a group home or residential facility, including a public facility with 25 beds or less?

☐ Yes Provide date(s) child placed in a foster home, group home or residential facility:

\_\_\_\_\_  
Is the foster home, group home or residential facility fully licensed?

☐ Yes Go to question C5.

☐ No Child's IV-E eligibility cannot continue until child is placed in a licensed, qualified placement. Go to Part E.

☐ No Go to question C4.

4. Is the child's current placement or any other placements since entering agency care a kin home and kin are in the process of being licensed?

☐ Yes Provide date(s) child placed in kin home:

\_\_\_\_\_  
Go to question C5.

☐ No Child's IV-E eligibility cannot continue until child is placed in a qualified placement. Go

to Part E.

5. If the child entered care by a court order, was the child ordered into a specific placement?

☐ Yes Child is not IV-E eligible until judge gives authority to the Division to determine placement of the child. Go to Part E.

☐ No Go to Part D.

**Part D: IV-E Reimbursability Determination**

1. Is the child a runaway from foster care (and still in State custody)?

☐ Yes Child is not IV-E reimbursable for runaway period. IV-E eligibility continues as long as State custody is not terminated and other eligibility criteria is met. Go to Part E.

☐ No Go to question D2.

2. Is the child receiving SSI while in custody?

☐ Yes Child will generally not be made IV-E reimbursable, although it is allowable, because SSI will be reduced by amount of the IV-E payment. Cases must be reviewed carefully (based on child's best interest/placement costs) before making the child IV-E reimbursable. Go to Part E.

☐ No Go to questions D3.

3. Is the child's current kin home placement or any other kin home placements since entering agency care fully licensed (not initial probationary license)?

☐ Yes Child is reimbursable. Go to Part E.

☐ No Child is not IV-E reimbursable for period while kin home is becoming fully licensed. IV-E eligibility continues. Go to Part E.

☐ NA Child's placement is foster home, group home or residential facility and all other criteria has been met. Child is reimbursable. Go to Part E.

**Part E: Foster Care Medicaid Eligibility**

1. Is the child IV-E eligible (meeting both initial eligibility and eligibility placement requirements) **and** IV-E reimbursable?

☐ Yes STOP. Child is categorically eligible for Medicaid, FC/F. Go to Part F.

☐ No Go to question E2.

2. Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child?

☐ Yes Go to question E3.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to Part F.

3. If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

☐ Yes Date of entry in U.S. \_\_\_\_\_ or protected classification \_\_\_\_\_  
Go to question E4.

☐ No STOP. Child is not eligible for Foster Care Medicaid until in the United States for five years. Date five year waiting period ends \_\_\_\_\_ Go to Part F.

☐ NA Child is a U.S. Citizen. Go to question E4.

4. Are the child's countable assets greater than \$2000 as provided on the income and asset worksheet?

☐ Yes Go to question E5.

☐ No Go to question E6.

5. Is the child under 6 years of age?

☐ Yes Is the child's countable income less than the limits required for the Newborn Medicaid Program (no asset limit)?  
NB Income Limit: \$ \_\_\_\_\_ Child's income: \$ \_\_\_\_\_

☐ Yes STOP. Child is eligible for Newborn Medicaid Program (FC/C). Go to Part F.

☐ No STOP. Child is not eligible for FC Medicaid. If the child's income drops below the Newborn limit, redetermine FC Medicaid eligibility. Go to Part F.

☐ No Child is not eligible for FC Medicaid. If assets drop below the asset limit, redetermine FC Medicaid eligibility. Go to Part F.

6. Is the child blind or disabled and receiving SSI?

☐ Yes STOP. Child is eligible for Foster Care Medicaid (FC/D disabled, FC/B blind). Go to Part F.

☐ No Go to question E7.

7. Is the child's countable income less than the income limits required for the Children's Medicaid Program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

CM Income Limit: \$ \_\_\_\_\_ Child's income: \$ \_\_\_\_\_

☐ Yes Go to Part F.

☐ No Go to question E8.

8. Is the child's countable income less than the income limits required for the Newborn Plus Foster Care Medicaid Program and the child is under age 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

NB+ Income Limit: \$ \_\_\_\_\_ Child's income: \$ \_\_\_\_\_

☐ Yes Go to Part F.

☐ No Go to question E9.

9. Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (Calculate the spend down amount as provided below.)

☐ Yes Child is FC/C Medicaid eligible when spend down process is completed.  
Go to Part F.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to Part F.

**Spend Down Calculation**

Child Countable Income	\$ _____
Minus Program Income Limit	\$- _____
Total Spend Down Amount	\$ _____

**Part F: Summary of Title IV-E And Medicaid Foster Child Determination**

**1. Title IV-E Initial Eligibility Determination**

☐ Yes Child met initial IV-E eligibility requirements.  
Initial eligibility beginning date: \_\_\_\_\_  
(Note DCFS: Open initial IV-E eligibility in SAFE.)

☐ No Child did **not** meet initial IV-E eligibility requirements and **cannot** become IV-E eligible for this custody episode. Reason child is not IV-E eligible: \_\_\_\_\_  
(Note DCFS: Deny initial IV-E eligibility in SAFE.)

**2. Title IV-E Eligibility Placement Requirements**

☐ Yes Child met IV-E placement requirements.  
(Note DCFS: Leave initial IV-E eligibility open in SAFE.)

☐ No Child did **not** meet IV-E placement requirements. Child can regain IV-E eligibility when all eligibility requirements are met. Reason IV-E eligibility placement requirements were not met: \_\_\_\_\_  
(Note DCFS: Deny initial IV-E reimbursability in SAFE for reason that "eligibility placement requirements not met." Then terminate initial IV-E eligibility in SAFE at the end of the first month, citing specific reason that placement requirements weren't met as termination reason.)

- ☐ NA Child did not meet initial IV-E eligibility requirements.  
(Note DCFS: No additional IV-E eligibility action required in SAFE.)

### 3. Title IV-E Foster Care Reimbursability Determination

- ☐ Yes Child is IV-E reimbursable. (Child also met initial IV-E eligibility requirements and IV-E eligibility placement requirements.)  
Reimbursable beginning date \_\_\_\_\_  
(Note DCFS: Open initial IV-E reimbursability in SAFE.)

- ☐ No Child is **not** IV-E reimbursable. Reason child is not IV-E reimbursable:

☐ Reimbursability couldn't be determined because child who met initial IV-E eligibility requirements didn't meet eligibility placement requirements

☐ Child ran away from foster care

☐ SSI recipient

☐ Placed in kin home while in the process of being licensed

(Note DCFS: Deny initial IV-E reimbursability in SAFE.)

- ☐ NA Child did not meet initial IV-E eligibility requirements.  
(Note DCFS: No additional IV-E eligibility action required in SAFE.)

### 4. Medicaid Eligibility Determination

- ☐ Yes Child is eligible for Foster Care Medicaid. Eligibility beginning date \_\_\_\_\_  
Circle program type: FC/F IV-E FC/B Blind FC/D Disabled  
FC/C Children's Medicaid  
FC/C Newborn  
FC/C Newborn Plus  
Other (specify) \_\_\_\_\_

- ☐ No Child is **not** eligible for Medicaid.  
Reason child is not Medicaid eligible: \_\_\_\_\_  
(Refer to BES for CHIP eligibility determination if citizenship requirements are met.)

Notes:

Eligibility Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_